

P**Hawai'i Civil Rights Commission****Pre-Complaint Questionnaire (*online version*)- Public Accommodation****830 Punchbowl St., Rm. 411 Honolulu, HI 96813 TEL: 586-8636 FAX: 586-8655 TDD: 586-8692**

Directions: Please fill out this questionnaire completely and submit a hardcopy to the above address. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. (Enter all dates mm/dd/yyyy. For instance, January 4th 1999 would be 01/04/1999) Submit documents that support your allegation of discrimination.

Date: _____

1. Information about you:Name: _____
Last First Middle Initial(s)Address: _____
Number/Street City Zip Code

Telephone: Home: _____ Work: _____

*Race/Ethnicity: _____ *Sex: _____

Social Security Number: _____ *Age & Date of Birth: _____

Name/Telephone/Address of a person to contact if we can't reach you:

2. Business that discriminated against you:

Name: _____

Address: _____
Number/Street City Zip Code

Island: ___O`ahu ___Kaua`i ___Maui ___Hawai`i ___Moloka`i ___Lana`i

Telephone: _____

3. I was discriminated against because of my:

(Check the protected basis)

☐ Race

☐ Color

☐ Ancestry

☐ Religion

☐ Sex (male female pregnant)

☐ Retaliation (opposed discrimination)

☐ Disability (physical mental)

What is the disability: _____

4. I was discriminated against by being:

(Check the adverse action)

☐ Denied Goods

☐ Denied Services

☐ Denied Accommodations

☐ Denied Privileges

☐ Denied Advantages

☐ Denied Facilities

☐ Other (specify): _____

5. Date of the last discriminatory denial: _____

(Must be within the past 180 days)

6. Name(s) and job title of the person who discriminated against you:

7. What reason was given to you for the denial:

8. What remedy are you seeking through us:

9. How did you learn about the Civil Rights Commission:

Directions: Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	Describe the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Dates of Discrimination	Continuation of the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Witnesses Who Have Evidence of the Discriminatory Adverse Actions		
Name	Telephone (Home and Work)	Address

Closing Statement: I declare under penalty of perjury that the forgoing is true and correct.

Signature

Guide for Complainants

(Detach this page and keep for your records)

Mission: The mission of the Hawai'i Civil Rights Commission is to eliminate discrimination by protecting civil rights and promoting diversity through enforcement of anti-discrimination laws and education.

Jurisdiction: We can't accept a complaint after one hundred eighty (180) days from the date of the alleged unlawful discriminatory adverse action or the last occurrence in a pattern of ongoing discriminatory practice. We don't have jurisdiction to accept complaints against the federal government or the military services.

Address and Telephone: Let us know if you change your address or telephone number. If we can't contact you, your pre-complaint questionnaire or complaint will be closed.

Representation: If you've hired an attorney, please ask her or him to send us a letter of representation.

Right to Sue: You have the right to sue on your own behalf in the state or federal court. You may request a right to sue letter any time after the complaint is officially filed, but no later than three days after the case is scheduled for hearing--it's valid for 90 days.

Retaliation: It's an unlawful discriminatory practice for a business to take adverse actions against you because you've opposed an unlawful discriminatory practice, testified, or assisted in any proceeding concerning discriminatory practices.

HCRC Address and Telephone:

Hawai'i Civil Rights Commission
830 Punchbowl St., Rm. 411
Honolulu, HI 96813

Tel: (808) 586-8636 FAX: (808) 586-8655 TDD: (808) 586-8692

Neighbor Islands call (toll free):

Kaua'i: 274-3141, ext. 6-8636
Maui: 984-2400, ext. 6-8636
Hawai'i: 974-4000, ext. 6-8636
Lana'i: 1-800-468-4644, ext. 6-8636
Moloka'i: 1-800-468-4644, ext. 6-8636

Complaint Processing and Resolution

(Discrimination is always unfair, but not all unfair treatment is discrimination)

1. You fill out the Pre-Complaint Questionnaire and submit a hardcopy to the HCRC.
2. Investigator contacts you for an intake interview.
3. We draft the complaint and send it to you for signature.
4. You sign the complaint and return it to us.
5. Complaint is officially filed--you're sent a copy.
6. Complaint is sent to the respondent.
7. Respondent sends us a response to the charge.
8. Investigator conducts investigation and contacts you for rebuttal information.
9. Complaint is either closed--you're issued a right to sue letter (valid for 90 days) or further investigation is conducted.
10. Further investigation results in:
 - (a) No reasonable probability finding--complaint is closed and you're issued a right to sue letter (valid for 90 days).
 - (b) Reasonable probability finding--complaint is transferred to one of our attorneys.
11. Attorney either settles complaint with the business or prepares the case for an Administrative Hearing.
12. Hearing conducted and Hearing Examiner issues a proposed decision to the Commission.
13. Five-member Commission accepts, modifies, or reverses the proposed decision, and issues a final decision and order.
14. You or the respondent may appeal the final decision and order within thirty days in state court.